

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596897

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/					
9		2				
10		2		/		
11		2		/		
12		3		/		
13		0				
14		0		/		
15		0		/		
16		0		/		
17		0				
18		0		/		
19		0				
20		0		/		
21		0		/		
22		0				
23		0		/		
24		0		/		
25		0		/		
26		0		/		
27		0		/		
28		0		/		
29	/		/			
30	/					
31	/					
32	/					
33	/					
34	/					
35				/		
36				/		
37				/		
38				/		
39				/		
40				/		
41				/		
42				/		
43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.	14	↓	6	↓		↓
TOTAL DEP.	25	←	31	←		←
TOTAL CLAIMS	39		34			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
64				/		
65				/		
66				/		
67				/		
68				/		
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			18			